

Utah Health Status Update:

Characterizing the Utah Medicaid Population

February 2006

Utah Department of Health

Introduction

Currently around 180,000 Utahns are enrolled in one of the Medicaid programs (not including PCN). Medicaid clients qualify for a variety of reasons and come from a variety of backgrounds. Some enrollees are “categorically needy,” due to lack of income or resources, or due to disabilities, blindness, or old age. Others are considered “medically needy” because they have health care needs that exceed their ability to pay. While some pregnant women qualify as categorically needy, others with higher incomes might qualify through the medically needy programs. Similarly, Medicaid enrollees come from all areas of the state, representing all racial and ethnic groups, and all age groups. This brief report gives an overview of the types of people that are on Medicaid in the State of Utah.

Program Type

There are many types of Medicaid programs. For simplicity, we have combined them into five basic program types—children, adults, disabled/blind, aged, and pregnant adults.

- By far, children comprise the largest group—62% of enrollees.
- Adults and the disabled/blind account for 14% each.
- Pregnant adults and the aged account for 5% each.

Age and Gender

Medicaid enrollees cover the entire range of the age distribution, from newborns to centenarians.

- 10% are less than 1 year old.
- 64% are under the age of 19.
- 30% are between the ages of 19 and 64.
- 6% are over the age over 65.
- 70% of Medicaid adults are females.

Tenure

An important fraction of Medicaid enrollees could be considered “long-term” clients. Over 60% of those currently enrolled have been on Medicaid for more than two years. This varies by program type.

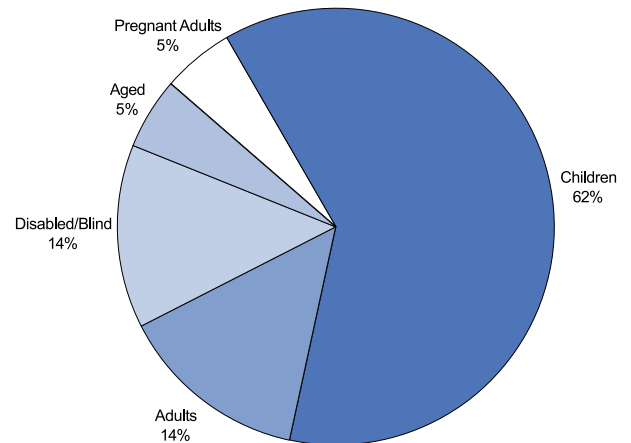
- 82% of the disabled/blind have been on Medicaid for more than two years, with three-fourths of those being on for more than five years.
- 75% of the aged have been on Medicaid for more than two years, with two-thirds of those being on for more than five years.
- 62% of adults have been on Medicaid for more than two years.
- 58% of children that are currently enrolled have been on Medicaid for more than two years.
- 28% of pregnant women have been on Medicaid for more than two years.

Race and Ethnicity

For statistical reporting purposes, a person’s race and ethnicity is defined in two dimensions as follows. Race refers to the following Census categories: White, Black, American Indian or Alaska

Program Type

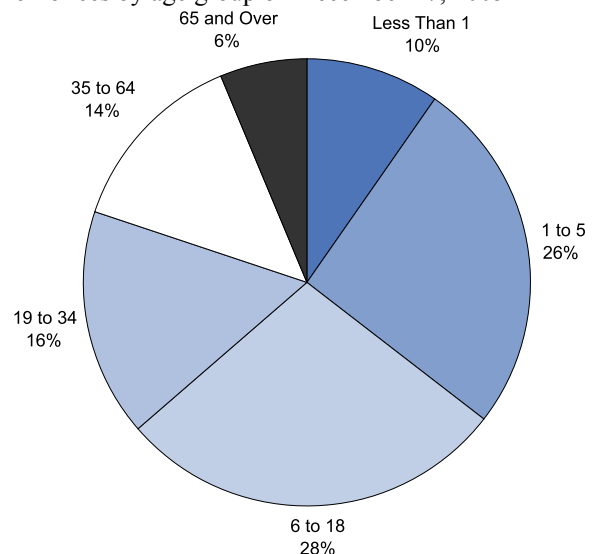
Figure 1. Percentage distribution of Utah Medicaid enrollees by program type on December 17, 2005



Note: excludes CHIP and PCN enrollees; program type determined by actual enrollment
Source: Medicaid Eligibility Files, Dec. 2005

Age

Figure 2. Percentage distribution of Utah Medicaid enrollees by age group on December 17, 2005



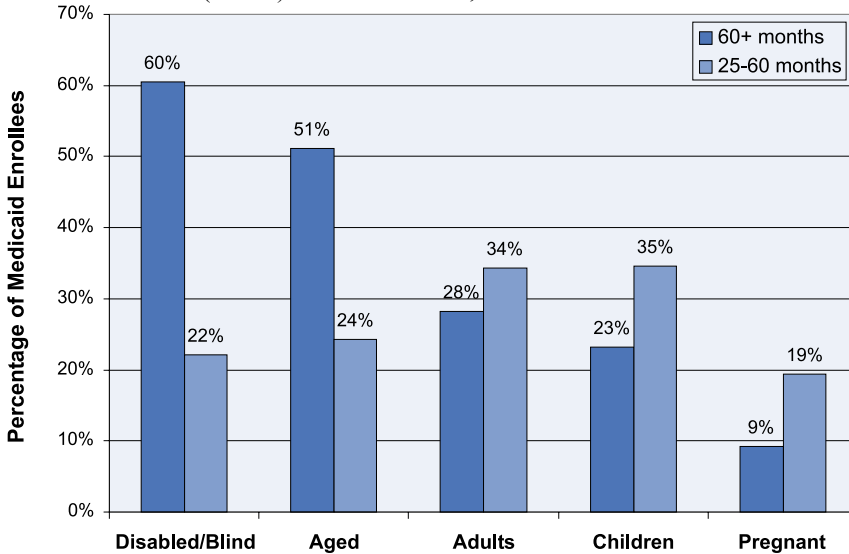
Note: excludes CHIP and PCN enrollees; program type determined by actual enrollment
Source: Medicaid Eligibility Files, Dec. 2005

Native, Asian, Pacific Islander, or Other. Each person is also asked to report whether they are of Hispanic ethnicity, regardless of their race.

- 89% of enrollees are reported to be White (18% of enrollees are White and Hispanic).

Tenure

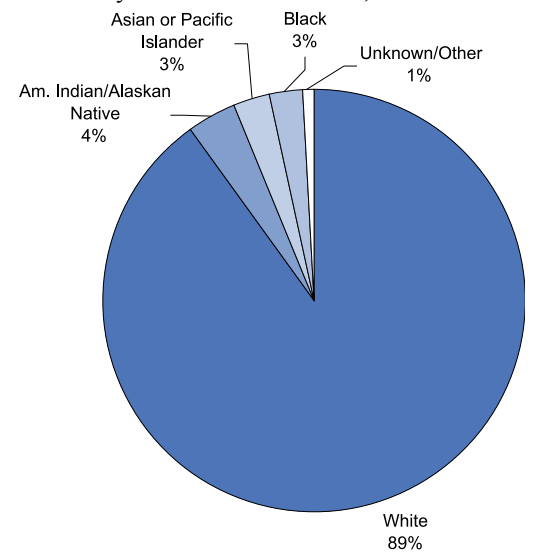
Figure 3. Percentage distribution of Utah Medicaid enrollees by length of time on Medicaid (tenure) on December 17, 2005



Note: excludes CHIP and PCN enrollees
Source: Medicaid Eligibility Files, Dec. 2005

Race

Figure 4. Percentage distribution of Utah Medicaid enrollees by race on December 17, 2005



Note: excludes CHIP and PCN enrollees
Source: Medicaid Eligibility Files, Dec. 2005

- The next largest group by race and ethnicity is the American Indians and Alaskan Natives, who comprise around 4% of the Medicaid population.
- Blacks and Asian/Pacific Islanders make up about 3% of Medicaid enrollees each.

Geographic Location

About 7% of Utahns are enrolled in Medicaid, but this proportion varies significantly across the state's local health districts.

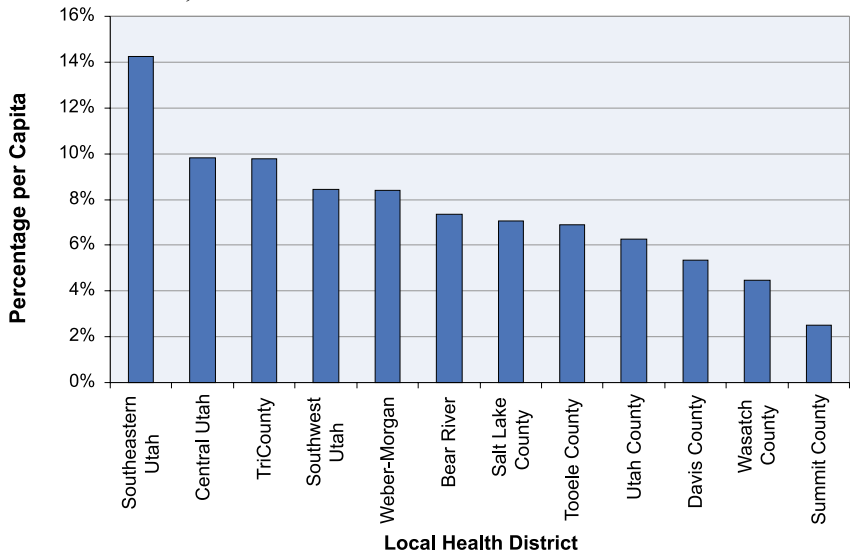
- Rural health districts tend to have higher proportions of enrollment.
- Health districts near the Wasatch front tend to be below the state average.
- The Southeastern Utah Health District has the highest proportion with 14% of the population enrolled in Medicaid.
- The Summit County Health District has the lowest proportion with 3% of the population on Medicaid.

Geographic Location

The Utah Medicaid population is a very diverse group. Medicaid clients are enrolled in a variety of program types, with children being the largest by far. They also come from a range of age, racial, and ethnic groups. The proportion of the population that is enrolled in Medicaid varies around the state. It may be helpful to keep the diversity of the Medicaid population in mind when thinking of changes in programs or policies.

Geographic Location

Figure 5. Percentage of local health district population enrolled in Medicaid on December 17, 2005



Note: excludes CHIP and PCN enrollees
Source: Medicaid Eligibility Files, Dec. 2005

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Breaking News, January 2006

Dentists' Practice for Timing of First Dental Visit

The American Academy of Pediatric Dentistry, the American Dental Association, and other dental organizations state that a child's first dental visit should occur before the child's first birthday or after first tooth has erupted. At this young age dentists have the opportunity to provide anticipatory guidance to parents as well as examine the child's teeth and mouth. Dentists can educate the parents concerning fluoride, Early Childhood Caries or Baby Bottle Tooth Decay, the transmission of bacteria from the parent to the child, teething, cleaning the baby's teeth, non-nutritive sucking, and other oral health concerns.

In 2001 the Oral Health Program (OHP) surveyed dentists to obtain baseline data concerning dental practice patterns of the timing of first visits. Many dentists were following the previous recommendation to see children starting at age three. In February 2005, the OHP surveyed dentists to determine if there had been a change in their practice of seeing young children.

Comparison of the 2001 and 2005 survey results indicate that significant progress has been made. Although more Utah dentists are following this recommendation, the majority still not. Continued collaboration is required to increase early dental visits for young children.

2001 and 2005 Utah Dentist Survey Results

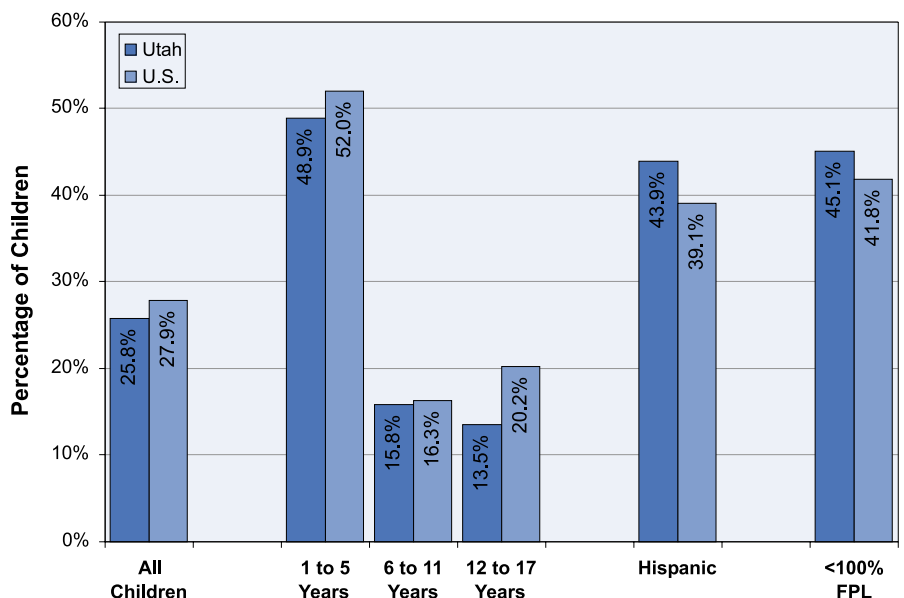
	2001	2005
0-1 Year Old	16.4%	23.8%
2 Years Old	31.8%	35.5%
3 Years Old	42.9%	36.3%
4, 5, 6 Years Old	8.5%	4.5%

Community Health Indicators Spotlight, January 2006

Dental Health Care Access and Utilization

The 2003 National Survey of Children's Health reported that more than a quarter (25.8%) of Utah children ages 1-17 did not receive any routine preventive dental care during the previous year. Routine preventive dental care includes exams, screenings and sealants. A higher percentage of children between 1-5 yrs of age did not receive care compared to older children (see graph). Utah children from low income families were the largest group (45.1%) not receiving preventive dental care. Hispanic children in Utah were much less likely than White children to receive preventive dental care, a rate that is even lower than the national rate. Regular dental visits provide an opportunity for the prevention, early diagnosis, and treatment of oral conditions as well as assessment of self-care practices. Given the importance of oral health on overall health and well-being, we need to continue to work to improve children's access to preventive dental care.

Percentage of Children (Ages 1-17) Who Did Not Get Preventive Dental Care, Utah vs U.S. 2003



Monthly Health Indicators Report for December 2005

Monthly Report of Notifiable Diseases, December 2005	# Cases	# Expected Cases (5-year average)	# Cases YTD	# Expected YTD (5-year average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	17	17	303	279	1.1
Escherichia coli (E. coli) 0157:H7	0	3	41	58	0.7
Hepatitis A (infectious hepatitis)	2	3	21	53	0.4
Hepatitis B (serum hepatitis)	4	6	41	43	1.0
Influenza**	For the most up-to-date information on influenza in Utah, visit http://health.utah.gov/epi/diseases/flu				
Measles (Rubeola, Hard Measles)	0	0	0	1	0.0
Meningococcal Diseases	1	1	12	7	1.7
Norovirus	0	0*	27	4*	6.8
Pertussis (Whooping Cough)	59	14	649	124	5.2
Salmonellosis (Salmonella)	20	14	402	282	1.4
Shigella	3	4	50	57	0.9
Varicella (Chickenpox)	78	80*	566	567*	1.0
Viral Meningitis	10	8	249	128	1.9

Note: Active surveillance has ended for West Nile Virus (WNV) until the 2006 season.

Notifiable Diseases Reported Quarterly, 4rd Qtr 2005	# Cases	# Expected Cases (5-year average)	# Cases YTD	# Expected YTD (5-year average)	YTD Standard Morbidity Ratio (obs/exp)
HIV	28	16	100	60	1.7
AIDS	8	16	41	59	0.7
Chlamydia	1,193	1064	4,490	3,295	1.4
Gonorrhea	205	122	717	368	1.9
Tuberculosis	4	9	29	38	0.8

Program Enrollment for the Month of December 2005	Current Month	Previous Month	% Change From Previous Month	1 Year Ago	% Change From 1 Year Ago
Medicaid	178,316	179,000	-0.4%	173,650	+2.7%
PCN (Primary Care Network)	14,552	12,287	+18.4%	19,513	-25.4%
CHIP (Children's Health Ins. Plan)	34,560	34,008	+1.6%	23,716	+45.7%

Program Expenditures for the Month of December 2005	Monthly	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Ambulatory and Other Care	\$ 733,971	\$ 594,340	\$ 3,259,438	\$ 3,210,930	\$ 48,508
Fee for Service Hospital Inpatient	\$ 14,016,773	\$ 13,865,910	\$ 64,823,830	\$ 64,226,460	(\$ 555,867)
Long Term Care	\$ 13,635,800	\$ 14,608,280	\$ 82,570,254	\$ 80,208,270	\$ 2,361,984
Pharmacy	\$ 22,055,317	\$ 22,077,200	\$ 109,703,036	\$ 111,870,780	(\$ 2,167,744)

Health Care System Measures	Current Data Year	Number of Events	Percentage of Utah Population	% Change From Previous Year	Total Charges in Millions	% Change From Previous Year
Overall Hospitalizations	2004	266,195	10.1%	-0.3%	\$ 3,225.0	+11.1%
Non-maternity Hospitalizations	2004	160,302	5.9%	0.0%	\$ 2,692.5	+12.0%
Emergency Department Encounters	2003	638,478	25.2%	+1.0%	\$ 397.8	+18.3%
Outpatient Surgery	2004	303,123	11.7%	+6.0%	\$ 845.3	+15.6%

Annual Community Health Measures	Current Data Year	Population at Risk	Number Affected	Percentage/Rate	Previous Year Rate	% Change From Previous Year
Overweight and Obesity (Adults 18+)	2004	1,698,118	957,739	56.4%	54.7%	+3.1%
Cigarette Smoking (Adults 18+)	2004	1,698,118	178,302	10.5%	11.9%	-11.8%
Influenza Immunization (Adults 65+)	2004	207,920	156,980	75.5%	74.8%	+0.9%
Health Insurance Coverage (Uninsured)	2004	2,469,230	251,861	10.2%	9.11%	+12.0%
Motor Vehicle Crash Injury Deaths	2004	2,469,230	298	12.1 / 100,000	11.6 / 100,000	+4.3%
Suicide Deaths	2004	2,469,230	377	15.3 / 100,000	13.9 / 100,000	+10.1%
Diabetes Prevalence	2004	2,469,230	93,831	3.8%	3.7%	+2.7%
Coronary Heart Disease Deaths	2004	2,469,230	1,603	64.9 / 100,000	70.6 / 100,000	-8.1%
All Cancer Deaths	2004	2,469,230	2,442	98.9 / 100,000	100.9 / 100,000	-2.0%
Births to Adolescents (Ages 15-17)	2004	57,505	854	14.9 / 1,000	16.0 / 1,000	-6.9%
Early Prenatal Care	2004	50,653	39,521	78.0%	78.0%	0.0%
Infant Mortality	2004	50,653	262	5.2 / 1,000	5.0 / 1,000	+4.0%
Childhood Immunization (4:3:1:3:3)	2004	48,619	34,665	71.3%	78.8%	-9.5%

* Due to limited historical data, the average is based upon 2 years of data for norovirus, and varicella.

** The Utah Department of Health tracks influenza activity in a variety of ways. During December, influenza steadily increased and began actively circulating in Utah. The average weekly proportion of patient visits to sentinel providers in Utah for influenza-like illness (ILI) were above baseline values for the month. As of December 31, 2005, 185 influenza-associated hospitalizations were reported to UDOH.

Note: % Change could be due to random variation